

AMENDED CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO. 11-13471-NPO

Debtor Undrea L Rias SS# xxx-xx-3184 Current Monthly Income \$ 1,852.00
 Joint Debtor _____ SS# _____ Current Monthly Income \$ _____
 Address 2215 CR 282 Mc Carley, MS 38943-0000 No. of Dependents 3
 Telephone No. _____ **TAX REFUNDS AND EIC FOR DISTRIBUTION:** _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

- (A) Debtor shall pay \$ 871.00 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

Pay personally. Debtor is recipient of government benefits.

- (B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ 0.00 /mo
 State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:-NONE-

beginning in the amount of \$ per month shall be paid:

_____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:-NONE-

in the amount of \$ shall be paid \$ per month:

_____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: Green Tree Servicing BEGINNING Oct 2011 @\$ 426.09 PLAN X DIRECT
 MTG ARREARS TO: Green Tree Servicing THROUGH Sept 2011 \$ 2,130.45 @\$ 35.51 /MO*
 (*Including interest at 0%)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
Santander Consumer, USA	2004 Nissan Armada	21,587.77	14,715.00	7.00	17,482.48	291.37

Debtor's Initials UR Joint Debtor's Initials _____

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
-NONE-			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: **-NONE-**

UNSECURED DEBTS totaling approximately \$ **21,310.51** are to be paid in deferred payments to creditors that have filed claims that are not disallowed: IN FULL or 5 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ **2,800.00**
Attorney Fees Previously Paid \$ **400.00**
Attorney fees to be paid through the plan \$ **2,400.00**

Pay administrative costs and debtor's attorney fees
Pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)
Winston J Thompson, III 100157
2001 Highway 82 West
PO Box 10418
Greenwood, MS 38930

Telephone/Fax

Telephone/Fax **662-455-1281/662-455-1282**

E-mail Address **wjt3law@yahoo.com**

DATE: **August 3, 2011**

DEBTOR'S SIGNATURE

/s/ Undrea L Rias

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE

/s/ Winston J Thompson, III